

**FACSIMILE OF
NOTARIZED
STATEMENT**

STATE OF MICHIGAN



JOHN ENGLER, Governor

FAMILY INDEPENDENCE AGENCY

235 S GRAND AVE, PO BOX 30037, LANSING MI 48909

MARVA LIVINGSTON HAMMONS, Director

TO:

RE: FILE NO.: _____

DSS CASE NO.:

I, Linda L. Brzak, Supervisor of the Payment Information Unit of the Budget, Analysis & Financial Management Administration of the Michigan Family Independence Agency, being the person who is charged with the responsibility of keeping the State of Michigan Family Independence Program assistance (FIP) grantee records, certify that the information listed below is, to the best of my knowledge, a true and accurate accounting of the public assistance supplied to _____ under FIP, Social Security Number _____.

Sincerely,

Linda L. Brzak, Supervisor
Payment Information Unit
Payment Document Control Division
Budget, Analysis & Financial Management

Subscribed and sworn to me on this _____ day of _____, 1998.

Carol Taylor, Notary Public
Clinton County, State of Michigan
Acting in Eaton county
My Commission Expires December 16, 1999

Total FIP Received From _____ through _____ = \$ _____

